MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047024 STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 877

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED DEC 30 1963

1 0109
2 0530
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b: 56 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Conway
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Nellie Middle Carner Last Harper

4. DATE OF DEATH: Month Dec. Day 23 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 1-23-88

9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: James Garner

13b. MOTHER'S MAIDEN NAME: Mary Sims

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: Glenn Harper Address: Conway Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTESTINAL HEMORRHAGE, MASSIVE — INTERVAL BETWEEN ONSET AND DEATH: 1 WK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ACUTE MONOCYTIC LEUKEMIA — ? 3 MO
DUE TO (c) WITH THROMBOCYTOPENIA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DID NOT ATTEND to and last saw her/him alive on
Death occurred at 12/23 3:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William C. Lee MD

22b. ADDRESS UNIV. HOSP., Columbia

22c. DATE SIGNED 12/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-27-63

23c. NAME OF CEMETERY OR CREMATORY Asher Cem

23d. LOCATION (City, town, or county) (State) Flat Rock Kentucky

24. FUNERAL DIRECTOR ADDRESS J. J. Shadel Lebanon Mo

25. DATE RECD. BY LOCAL REG. Dec 24 1963

26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.